## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of th

## FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only			
Audited	_		
Checked	_		
Computer	_		

DEPARTMENT OR OFFICE RECEIVING THE	GIFT OF	RECHIERT
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this report to the Government Oversight Committee. This form is receipt of the gift or bequest.	to be filed within 20 days of	Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	·st·	
Rebuild Iowa Office		
Name of Department or Office Wallace Building, 502 E 9th St, 2nd Floor		
Mailing Address	Des Moines, IA 50319 City, State, Zip Code	
515-242-5004 Area Code & Telephone No.	•	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	ICE:	
Emìly Hajek		
Name		
Malling Address (if different from above)	City, State, Zip (if different f	rom above)
emily.hajck@rio.iows.gov Email Address	Area Code 9 Tolombone No.	imber (if different from above)
	Area Code & Telephone Nu	Imper (if different from above)
OONOR OF GIFT OR BEQUEST:		
Local Government Commission		
Name		
1303 J Street, Ste 250 Sacramento, CA 95814		_
Mailing Address City, State, Zip Code	November 5, 2009	9 \$530.90
916-448-1198 Area Code & Telephone Number	Date of Gift or Bequest	Amount/Value*
Alea Code a Talephone number	*value is defined as "fair ma receiving department or offic	rket value" of item as determined by
Email Address (optional)	receiving department of blint	De. II NO Value Mark 0.00.
Provide a description of the gift or bequest and purpose thereof:  Round-trip flight from Des Moines to Seattle to attend as	nd speak at the New Partners	for Smart Growth Conference
February 4-6, 2010 and reduced conference fee. Flight =	= \$346.90 Conference Fee Sul	bsidy = \$184.00
Criteria to use this form:		
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on	hehalf of the state
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atement of Affirmation:		
Emily Halekaffirm that the gift or bequest reported above sessment of the fair market value (if applicable) is correct and true to the	ve is accurate. I further affirm that the best of my knowledge.	information concerning the donor and
	12/	14/09
Signature		Date